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Bib Data Sheet

CONFIRMATION NO. 6355

<b>SERIAL NUMBER</b> 10/675,610	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> ACS 64021	
<b>APPLICANTS</b> Carla Rosa Pienknagura, Santa Clara, CA;					
<b>** CONTINUING DATA *****</b> <i>none b2</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none b2</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/07/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>gervul</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> <del>31</del> 30	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 24201					
<b>TITLE</b> Intravascular stent with extendible end rings					
<b>FILING FEE RECEIVED</b> 948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		